

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09803404  
~~450100-53057~~

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 27            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 27 minus 20 = | 7            |
| INDEPENDENT CLAIMS  | 8 minus 3 =   | 5            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 27                               | 27                                 | 0             |
| Independent   | 8                                | 7                                  | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    | RATE      | FEE    |
|-----------|--------|-----------|--------|
| BASIC FEE | 355.00 | BASIC FEE | 710.00 |
| X\$ 9=    |        | X\$18=    | 126    |
| X40=      |        | X80=      | 400    |
| +135=     |        | +270=     |        |
| TOTAL     |        | TOTAL     |        |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X\$ 9=           |                | X\$18=           |                |
| X40=             |                | X80=             |                |
| +135=            |                | +270=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X\$ 9=           |                | X\$18=           |                |
| X40=             |                | X80=             |                |
| +135=            |                | +270=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X\$ 9=           |                | X\$18=           |                |
| X40=             |                | X80=             |                |
| +135=            |                | +270=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

Amend  
9-7-04

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 15                               | 27                                 | 0             |
| Independent   | 4                                | 8                                  | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

2-1-05

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 13                               | 20                                 | 0             |
| Independent   | 4                                | 4                                  | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

O.F. AMEND. (N.E.)

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.